

Utah Influenza Report

This report contains data through the week ending 01/12/2013 (MMWR week 02).

Overview of Influenza Surveillance: Surveillance for the 2012-2013 influenza season officially began on September 30, 2012. The Utah Department of Health publishes a weekly report throughout the active influenza season that synthesizes data from a variety of sources to give the most complete and up-to-date picture of influenza activity in the state of Utah. Data in this report should be considered provisional, and may change as more complete reports are received.

Influenza-like Illness (ILI): The U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) is a national system that conducts surveillance for influenza-like illness (ILI) in outpatient healthcare facilities. ILINet providers report weekly the total number of patients seen for any reason and the number of patients seen with ILI (defined as a fever $\geq 100^{\circ}$ F and a cough or sore throat). These data are used to determine the amount of ILI circulating in the community, as well as provide insight into regional differences in ILI activity. Currently, more than 50 facilities throughout Utah participate in ILINet.

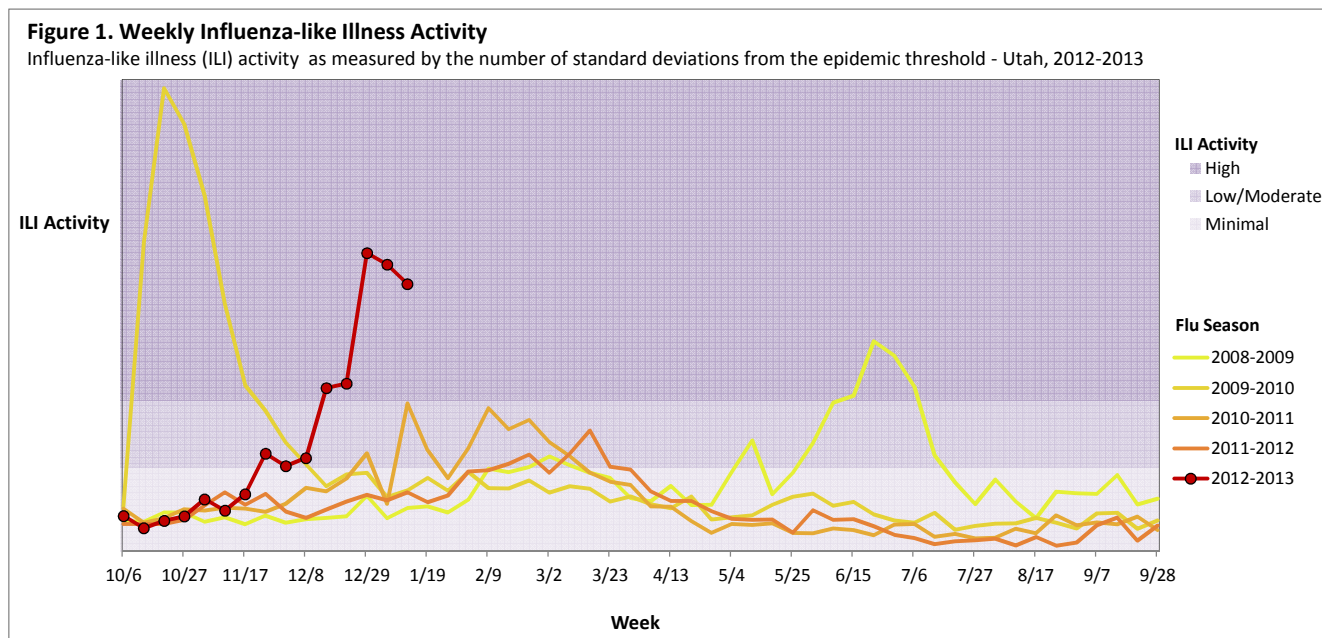


Table 1. Influenza-like Illness (ILI) Activity Levels by Health District - Utah, Current Week

Health District	ILI Activity
Bear River	High
Central	Minimal
Davis	High
Salt Lake	High
Southeastern	No Data
Southwest	High
Summit	Minimal
Tooele	Minimal
TriCounty	No Data
Utah	High
Wasatch	Low/Moderate
Weber-Morgan	Low/Moderate
State	High

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Influenza Hospitalizations: Influenza hospitalizations are a reportable condition in Utah. A person meets the case definition for an influenza hospitalization if they are hospitalized for any length of time and have an influenza positive serology, DFA, PCR, or culture test (confirmed case) or a positive rapid influenza diagnostic test (probable case). Public health in Utah gathers a variety of data on influenza hospitalizations including clinical features, course of illness, risk and protective factors, and influenza type and subtype. Data from influenza hospitalizations allows public health in Utah to better understand subgroups of the Utah population that are most severely effected by influenza and help to guide prevention messages and interventions.

Figure 2. Influenza Hospitalizations

Number of influenza hospitalizations by event date* - Utah, 2012-2013

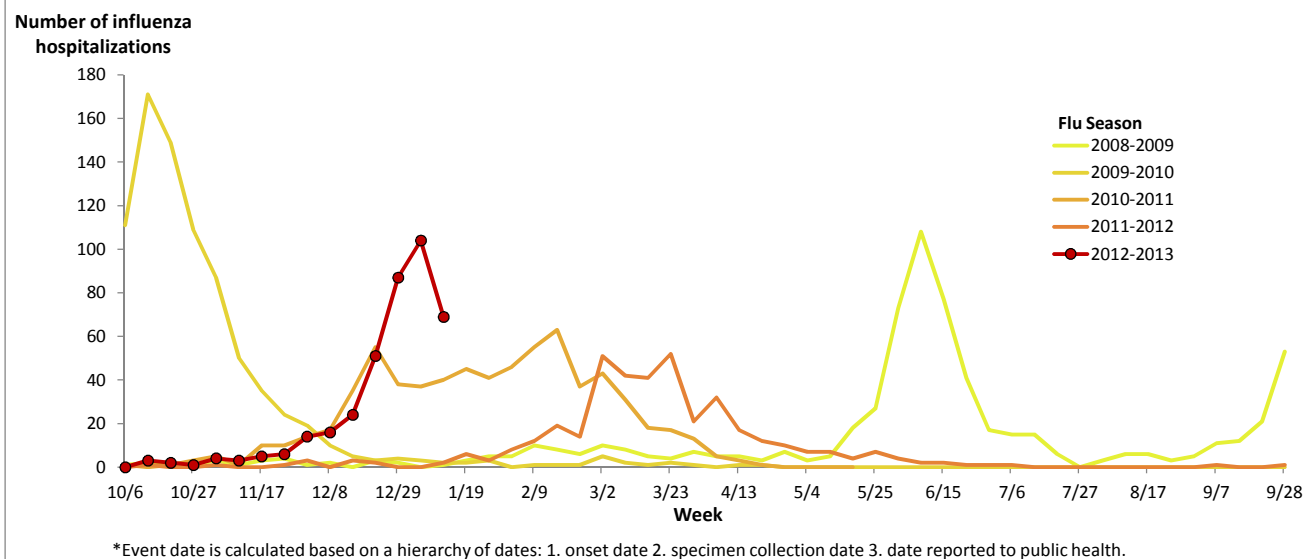


Table 2. Influenza Hospitalizations by Case Status - Utah

Case Status	Current Week		Season To Date	
	Total	% of Cases	Total	% of Cases
Confirmed	66	95.7	364	93.6
Probable	3	4.3	25	6.4
Total	69	100.0	389	100.0

Table 3. Influenza Hospitalizations by Health District - Utah

Health District	Current Week	Season To Date
Bear River	4	31
Central	4	14
Davis	3	35
Salt Lake	25	173
Southeastern	0	0
Southwest	12	53
Summit	1	5
Tooele	0	1
TriCounty	0	6
Utah	8	39
Wasatch	0	2
Weber-Morgan	12	30
State	69	389

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Table 4. Influenza Hospitalizations by Age Group - Utah, Season To Date

Age Group	Total Cases	% of Cases	Rate*
0-4	78	20.1	28.82
5-24	55	14.1	5.81
25-49	50	12.9	5.04
50-64	52	13.4	12.98
65+	154	39.6	62.35
Total	389	100.0	13.62

*Rate is calculated as the number of cases per 100,000 population

Table 5. Influenza Hospitalizations by Sex and Race - Utah, Season To Date

Variable	Num. of Cases	% of Cases	% in Utah Pop	p value*
Sex				
Male	187	48.1	50.3	0.3790
Female	202	51.9	49.7	0.3790
Unknown	0	0.0	NA	--
Race				
White, Not Hispanic	309	79.4	82.0	0.1808
Hispanic	51	13.1	11.6	0.3479
Native Hawaiian/Pacific Islander	8	2.1	0.7	0.0009
Black/African American	10	2.6	0.9	0.0008
American Indian	0	0.0	1.1	0.0348
Asian	11	2.8	1.9	0.1626
Unknown	0	0.0	NA	--

*If a p value is ≤ 0.05 , there is a significant difference between the percentage seen in influenza hospitalizations and the general Utah population.

Table 6. Summary Data for Influenza Hospitalizations - Utah, Season To Date

Variable	Yes		No		Unknown	
	Total	% of Cases	Total	% of Cases	Total	% of Cases
ICU	33	8.5	222	57.1	134	34.4
Ventilator	15	3.9	241	62.0	133	34.2
Died	4	1.0	232	59.6	153	39.3
Neurological Symptoms	19	4.9	229	58.9	141	36.2
Healthcare Worker	2	0.5	170	43.7	217	55.8
Pregnant	11	2.8	331	85.1	47	12.1
Heart Disorder	91	23.4	163	41.9	135	34.7
Blood Disorder	8	2.1	246	63.2	135	34.7
Kidney Disorder	31	8.0	221	56.8	137	35.2
Metabolic Disorder	70	18.0	185	47.6	134	34.4
Chronic Respiratory Disorder	99	25.4	156	40.1	134	34.4
Immunosuppressed	36	9.3	216	55.5	137	35.2
Neurological Disorder	19	4.9	229	58.9	141	36.2
Seizure Disorder	9	2.3	242	62.2	138	35.5
Bacterial Co-infection	4	1.0	247	63.5	138	35.5
Obese*	28	10.9	65	25.2	165	64.0
Morbidly Obese*	6	2.3	87	33.7	165	64.0
Risk Factor†	364	93.6	25	6.4	0	0.0
Vaccinated	77	19.8	101	26.0	211	54.2

*Obesity and morbid obesity is not considered for individuals under 18 years or pregnant women. Thus total counts will not equal the total number of influenza-associated hospitalizations

†Risk factors for influenza include: persons < 5 years, persons ≥ 65 years, pregnant women, and persons with a chronic medical condition.

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Student Absenteeism: School-age children are at high risk for respiratory virus infections, including influenza. Aggregate, all-cause absenteeism data is collected weekly from over 350 schools throughout Utah. These data are analyzed to identify elevated absenteeism rates that could indicate the circulation of influenza in school-age children.

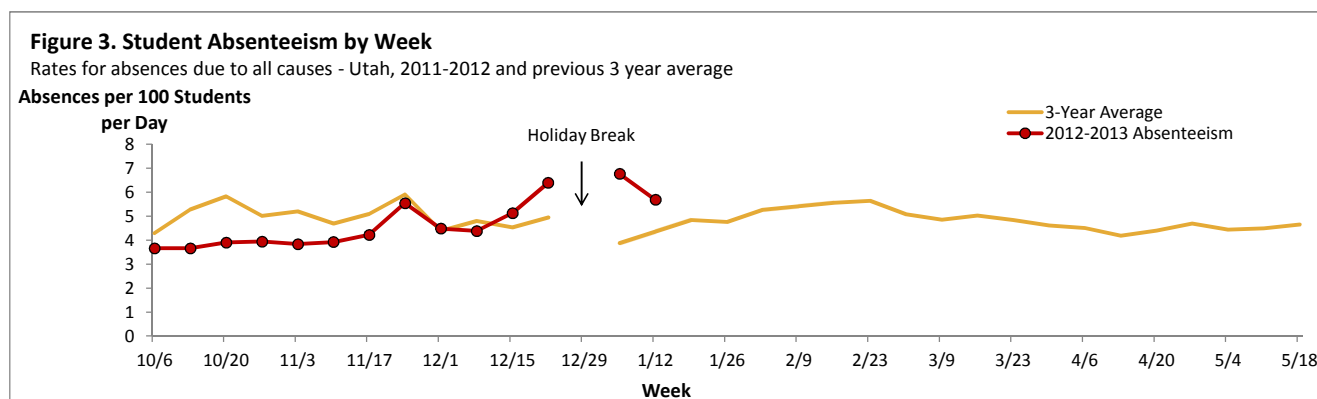
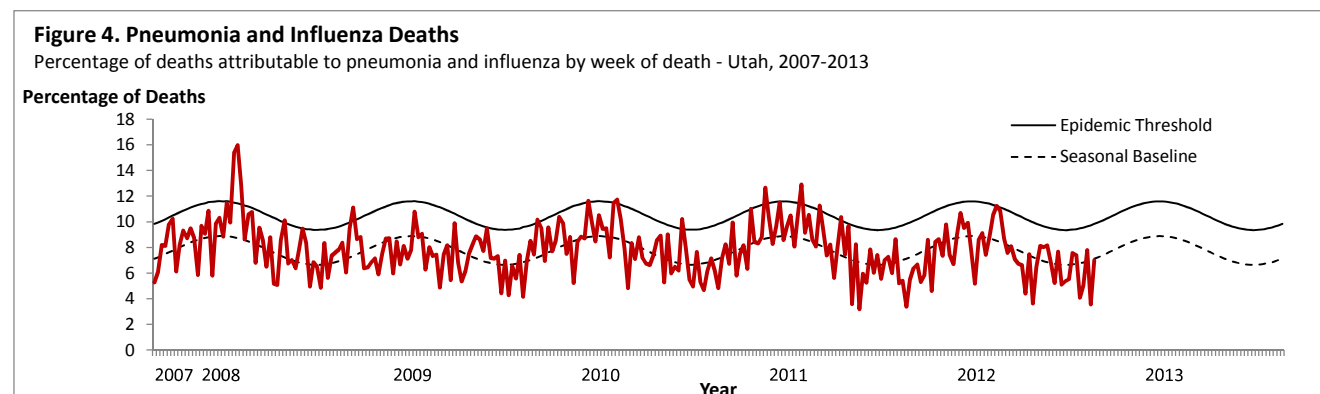


Table 7. Weekly Student Absenteeism - Utah, Current Week

Health District	Absences per 100 students/day
Bear River	4.2
Central	4.3
Davis	3.5
Salt Lake	5.8
Southeast	5.2
Southwest	6.6
Summit	3.1
Tooele	7.4
TriCounty	5.6
Utah	2.2
Wasatch	6.0
Weber-Morgan	7.7
State	5.7

Pneumonia and Influenza Deaths: Each week the total number of death certificates received and the number of those for which pneumonia or influenza was listed as an underlying or contributing cause of death is collected. The percentage of deaths due to pneumonia and influenza are compared with a seasonal baseline and epidemic threshold value calculated for each week. These data are used to monitor the severity of influenza illness in the community.



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Laboratory Surveillance: The Unified State Laboratory: Public Health receives specimens from all over the state for comprehensive influenza testing. All specimens are tested to determine influenza type and subtype. A portion of specimens are also sent to the Centers for Disease Control and Prevention for additional testing, including gene sequencing, antiviral resistance testing and antigenic characterization.

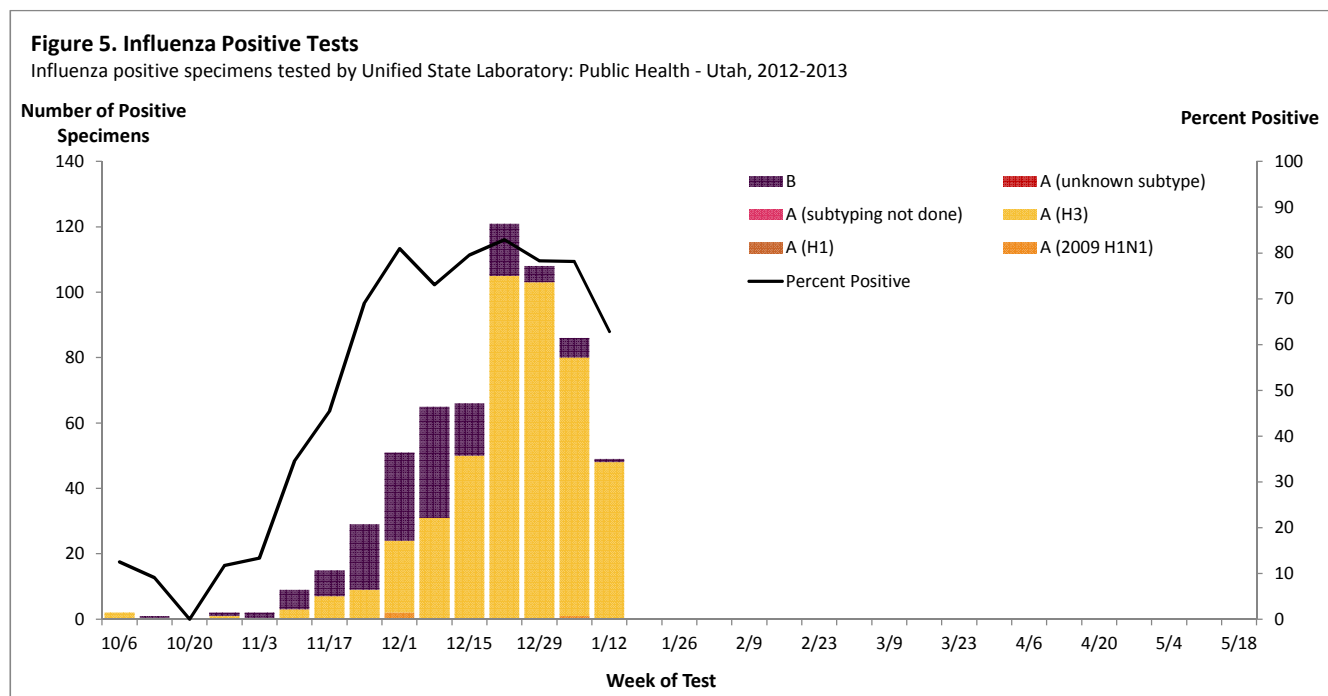


Table 8. Unified State Laboratory: Public Health Influenza Testing Data

	Current Week		Season To Date	
	Total	Percent	Total	Percent
Specimens tested	78	--	876	--
Positive specimens	49	62.8	606	69.2
Positive Specimens by Type/Subtype				
Influenza A	48	98.0	463	76.4
A (2009 H1N1)	0	0.0	3	0.6
A (H1)	0	0.0	0	0.0
A (H3)	48	100.0	460	99.4
A (subtyping not performed)	0	0.0	0	0.0
A (unable to subtype)	0	0.0	0	0.0
Influenza B	1	2.0	143	23.6